

Encephalitis in the psychiatric patient: the diagnosis of the internist

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Background

In psychiatric patients, the differential diagnosis is fundamental in the evaluation of malignant hyperthermia, serotonin syndrome, parkinsonism-hyperpyrexia syndrome, idiopathic malignant catatonia, infections (sepsis, meningitis, encephalitis), autoimmune diseases (limbic encephalitis with anti-NMDA receptor antibodies, lupus cerebritis), delirium tremens, status epilepticus, salicylate poisoning, endocrinopathies, and Middle East respiratory syndrome. This is a diagnostic challenge for the internist.

Case History

We present two cases of non-viral encephalitis. Both patients had been on psychiatric medication at the mental health centre for several years. The first patient, 48 years old, with high

fever, hypotonia of all four limbs and laboratory evidence of rhabdomyolysis and renal insufficiency. She was admitted with suspicion of neuroleptic malignant syndrome. Undergoing lumbar puncture, EEG and brain MRI, she showed a clinical-radiological picture suggestive of encephalitis with reversible lesion of the corpus callosum. The same for the second 20-year-old patient, hospitalized for ideomotor retardation, hypernatremia, and rhabdomyolysis associated with fever. After ten days, these lesions were no longer observable with an almost total recovery of cognitive functions and of the clinical picture.

Discussion

The internist is the most competent physician to make a rapid differential diagnosis for timely treatment.